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DECT	AN/AII	ADIC	COPY	
	caji	40LS	-66 22	-4.4

Application	Of	Docket	Number
• •			

Effective October 1, 2000) " (80	77	73		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY							
TOTAL CLAIMS 26				RAT	E	FEE		RATE	FEE			
FO	FOR NUMBER FILED		NUMB	ER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS 26 minus 20=		٠ 6		X\$ 9	}=		OR	X\$18=	108			
INDEPENDENT CLAIMS 5 minus 3 =			2	·	X40) =		OR	X80=	160		
MULTIPLE DEPENDENT CLAIM PRESENT				+13	5=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2					TOT	AL.		OR	TOTAL	978		
	C	LAIMS AS A	MENDED	- PAR	TII						OTHER	
		(Column 1)		(Colu	mn 2)	(Column 3)	SMA	LL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	RAI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.26	Minus	2	6	=	X\$ 9=		OR	X\$18=		
AME	Independent	.13	Minus	••• 5)	= 8	X40	=		OR	X80 =	204
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13!)= -		OR	+270=			
								TAL		OR	TOTAL	104
(Column 1) (Column 2) (Column 3)							ADDIT.	rtt		,	ADDIT. FEE	7
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	••	·	=	X\$ 9)=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	ese ennen	T CLAIM	<u> -</u>	X40	=		OR	X80=	
Ь_	rinorriese	ITTATION OF IM	OCTIF CE OCF	LINDEIN	· OLAM		+139	5=		OR	+270=	
							ADDIT.	TAL		OR	YOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	••		=	X\$ 9)=		OR	X\$18=	
AME	Independent • Minus ••• = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<u> </u>	X40	=		OR	X80=		
THIS PRESENTATION OF MOUTIFEE DEPENDENT COMM						+135	;=		OR	+270=		

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.